

**MONTANA MENTAL HEALTH NURSING CARE CENTER
EXPOSURE CONTROL PLAN
HEPATITIS B VIRUS AND HEPATITIS C VIRUS BLOOD TEST
CONSENT FORM**

*******CONFIDENTIAL*******

INTRODUCTION

Hepatitis B Virus is a serious disease caused by the Hepatitis B Virus (HBV). HBV attacks the liver and can lead to liver cancer and cirrhosis (scarring of the liver) in people who develop lifelong infection with the virus. It is spread by contact with blood or body fluids from an infected person. It is important to understand that Hepatitis B Virus is significantly harder and more infectious than HIV and cannot be underestimated. There is no medication treatment available for Acute Hepatitis B, but the disease is preventable through vaccination. If you have not received your Hepatitis B vaccination series it is recommended that you do so at this time.

Hepatitis C Virus is a liver disease caused by the Hepatitis C Virus (HCV), which is found in the blood of persons who have this disease. The infection is spread by contact with the blood of another infected person. It is a serious disease for some persons, but not for others. Most persons who get Hepatitis C carry the virus for the rest of their lives. Most of these persons have some liver damage, but many do not feel sick from the disease. Some persons with liver damage due to Hepatitis C may develop cirrhosis (scarring) of the liver and liver failure, which may take many years to develop. Antiviral medication and supportive treatment is available for Acute Hepatitis C, but there is no vaccine available at this time.

BENEFITS OF BEING TESTED

You have sustained an exposure to blood or other potentially infectious materials that we feel places you at some risk for transmission of bloodborne diseases. Such precautions do not apply to nasal secretions, sputum, saliva, other than in human bites, feces, urine, tears, sweat and vomitus (unless they contain visible blood). The primary risks are the Hepatitis B Virus, Hepatitis C Virus, HIV, as well as some less common bloodborne diseases. Your evaluation today is focused on minimizing your risk of developing these diseases, as well as future surveillance for markers of these diseases.

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PRIVACY AND CONFIDENTIALITY

We keep a record of the health care services we provide to you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it from the Infection Control Nurse.

I have read and understand the above information. I have been advised of the nature of the blood test; what the results would mean; and the benefits and risks of being tested. I understand that I have the alternative of not being tested. I hereby authorize the Montana Mental Health Nursing Care Center to perform this test and to release the results to me. Testing will be done today and six months from today.

Name of person testing

Signature/Relationship

Date

CERTIFICATION

I certify that the person named above has been given an opportunity to read the above information and ask questions, that he or she understands the issues discussed, that his or her decision to undergo testing is an informed and voluntary one, and that I have witnessed his or her signature.

Witness:

Signature

Date